FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Wall Processing Section

AUG 282008

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

| 17/16 | |
|--------------------|-----------|
| OMB APPRO | VAL |
| OMB Number: | 3235-0076 |
| Expires: August | 31,2008 |
| Estimated average | burden |
| hours per response | ∍ 16.00 |

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| ₹ ∆ # | SECTION 4(0), AND/OR | DATE HEOLIVED |
|---|--|--|
| Washington, DC 1 | UNIFORM LIMITED OFFERING EXEMPTION | |
| Name of Offering (check if this is | an amendment and name has changed, and indicate change.) | |
| Filing Under (Check box(es) that apply): Type of Filing: New Filing | Rule 504 Rule 505 Rule 506 Section 4(6) ULOE | PROCESSED - |
| Type of Fining. | Michellen | ✓ SEP 102008 |
| | A. BASIC IDENTIFICATION DATA | <u> </u> |
| 1. Enter the information requested abo | out the issuer | THOMSON REUTERS |
| Name of Issuer (check if this is an | amendment and name has changed, and indicate change.) | _ |
| Medara Env | ironmental Inc | |
| Address of Executive Offices 3225 Hwy 22 | (Number and Street, City, State, Zip Code) Telephon Chiveson, ND 5860 (701) | e Number (Including Area Code) |
| Address of Principal Business Oberations (if different from Executive Offices) | (Number and Street, City, State, Zip Code) Telephor | ne Number (Including Area Code) |
| Brief Description of Business | 1. 0 = | |
| Manufacture, | Sale and assembly of Do | plantsus (solar |
| Type of Business Organization | sole and ossembly of Solevoir circulators) | |
| corporation | limited partnership, already formed other (please specif | CONTRACTOR OF THE CONTRACTOR O |
| business trust | limited partnership, to be formed | t 1884 Ario telli Bari tillo kan toto kiin tillo kan |
| | Month Year | |
| Actual or Estimated Date of Incorporatio | n or Organization: [][] [[][] Actual | 08059459 |
| Jurisdiction of Incorporation or Organiza | ation: (Enter two-letter U.S. Postal Service abbreviation for State: N D CN for Canada; FN for other foreign jurisdiction) | 00000 |
| • | Cri for Canada, i is for other foreign jurisdiction) | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA |
|--|
| 2. Enter the information requested for the following: |
| • Each promoter of the issuer, if the issuer has been organized within the past five years; |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and |
| Each general and managing partner of partnership issuers. |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| JOEL BLEWN |
| Full Name (Last name first, if individual) 3225 Huy 22 Dichinson, ND 58601 |
| Business or Residence Address (Number and Street. City. State. Zin Code) |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) 3225 Hay 22 Dickinson, ND 58601 |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| 2225 Huy 22 Brokenson, ND 58601 |
| Business or Residence Address (Number and Street City, State, Zip Code) |
| |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first. if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner |
| Full Name (Last name first, if individual) |
| |
| Business or Residence Address (Number and Street, City, State, Zip Code) |

| | | | | • | B. n | NFORMAT | ION ABOU | T OFFERI | NG | | | | |
|------|--|----------------------|-----------------|----------------------|----------------------|---|----------------------|---|----------------------|---|---|----------------------|----------------------|
| 1. | Has the | issuer sold | d, or does th | ne issuer is | ntend to se | ll, to non-a | ccredited i | nvestors in | this offeri | ing? | *************************************** | Yes | No ⊠ |
| ÷ | Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | - 24 1 . |
| 2. | 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | s <u>4</u> | <u>8-</u> 2/5h |
| 3. | B. Does the offering permit joint ownership of a single unit? | | | | | | | | | | | Yes 1⊠T | No |
| 4. | | | | | | | | | | | | • | |
| | commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of sucl a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| Full | | | you may s | | e informati | on for that | broker or | dealer only | ··· | . . | | 40 | 0~E |
| rui | i Natile (| Lasi Hailic | iirst. II iiidi | viduari | | | | | | | | | |
| Bus | iness or | Residence | Address (N | umber and | d Street, C | ity, State, 2 | Cip Code) | | | | | | |
| Nar | ne of As | sociated Bi | roker or De | aler | | | | | | , | | | |
| Stat | tes in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | s" or check | individual | States) | •••••• | | | ••••••••• | *************************************** | | ☐ Al | l States |
| \ | AL IL MT | AK IN NE | AZ IA NV | AR KS NH | CA KY NJ | CO LA NM | CT ME NY | DE MD NC | DC MA ND | FL MI OH | GA MN OK | HI MS OR | ID MO PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Ful | l Name (| Last name | first, if indi | vidual) | | , | · | | | - | | | |
| Bus | iness or | Residence | : Address (1 | Number an | d Street. C | citv. State. | Zin Code) | | | | | | |
| Nar | ne of Ass | sociated Br | oker or Dea | aler | | | | ., | | | | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | s" or check | individual | States) | *************************************** | | *************************************** | ************* | ••••• | | ☐ Al | 1 States |
| | AL IL | AK IN | IA | AR KS | CA KY | CO LA | CT ME | DE MD | DC MA | FL MI | GA MN | HI MS | ID MO |
| | MT RI | NE SC | NV SD | NH TN | NJ TX | NM UT | NY VT | NC VA | ND WA | OH WV | OK WI | OR WY | PA PR |
| Ful | l Name (| | first, if ind | vidual) | | | | | | | <u>-</u> | | |
| | | | | | | | | | | | | | |
| Bus | iness or | Residence | : Address (? | Number an | d Street, C | City, State, | Zip Code) | | | | | | |
| Nar | Name of Associated Broker or Dealer | | | | | | | | | | | | |
| Sta | tes in Wh | nich Persor | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check "All States" or check individual States) | | | | | | | | | ☐ Ai | 1 States | | |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | already exchanged. Type of Security | | regate ng Price | Amount Already Sold | | |
|------------|--|-------------|--------------------|------------------------|-------------------------------------|--|
| | Debt | | _ | \$ | 0 | |
| | Equity | • | | | | |
| | ☐ Common ☐ Preferred | <u> </u> | 1000 | * | 200,02 ° | |
| | Convertible Securities (including warrants) | \$ | ٥ | \$ | 0 | |
| | Partnership Interests | | | <u>s</u> | 0 | |
| | Other (Specify | S | 0 | \$ | 0 | |
| | Total | 0/0 | 00 005 | s 0 / | 000 000 | |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | | · - 1 | - , | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | | | . agracata | |
| \ <u>.</u> | | Nun Inve | nber stors | Doll | aggregate ar Amount Purchases | |
| • | Accredited Investors | | <u> </u> | \$ / | 000,00 | |
| | Non-accredited Investors | | | \$ | ່ວ_ | |
| | Total (for filings under Rule 504 only) | | | \$ | 000,000 | |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | | | • | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | | | | |
| | Type of Offering | Secu | - | | lar Amount Sold | |
| | Rule 505 | | | \$ | | |
| | Regulation A | | | s | | |
| | Rule 504 | | | \$ | | |
| | Total | | | s_0 | | |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | | |
| | Transfer Agent's Fees | | 🗆 | \$ | | |
| | Printing and Engraving Costs | | 🗖 | \$ | | |
| | Legal Fees | | B . | \$_2 | 5,000 | |
| | Accounting Fees | ••••• | 🔲 | \$ | 5,000 | |
| | Engineering Fees | | | | | |
| | Sales Commissions (specify finders' fees separately) | | 🗖 | \$ | | |
| | Other Expenses (identify) | | | \$ | | |
| | Total | | | 50 | 25 100 | |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P | KOCEEDS | |
|------------------|--|--|-------------------------|
| ij | b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | s 975 000 |
| 5. | Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. | | , |
| | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | \$_ | \$ |
| | Purchase of real estate | | |
| | Purchase, rental or leasing and installation of machinery and equipment | \$ | □\$_ |
| | Construction or leasing of plant buildings and facilities |] \$ | S |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | ¬\$ | |
| | Repayment of indebtedness | | |
| | Working capital | | |
| , , | | \$ | |
| | | \$ | \$ |
| | Column Totals | _\$_ ⁰ | 097500 C |
| | Total Payments Listed (column totals added) | <u>r</u> \$ <u>₹</u> | 75,000 |
| | D. FEDERAL SIGNATURE | | |
| sign | issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice lature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commis information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of F | sion, upon writte | |
| Issu | | Date | 1 10 0 |
| $\overline{\mu}$ | redora Environmental une Stude Me Sture | blugi | ust 19,200 8 |
| Nan | ne of Signer (Print or Type) Title of Signer (Print or Type) Title of Signer (Print or Type) | b | · |
| _ | | | |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE | | |
|----|---|-----|----------------|
| Ī, | E. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes | No 2 |
| | See Appendix, Column 5, for state response. | | |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | | Signature . | 1. 51 | Date | | |
|------------------------|-----|-----------------------|------------|---------|--------|------|
| Medora Environmental | The | Drudo | The Dlin | Lug | ust 19 | 2008 |
| Name (Print or Type) | i | Title (Print or Type) | | () | | |
| Linda M. Steve | | Vice - | -tresidint | , - | | |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | <u> </u> | AI | PPENDIX | | | | | |
|-------|--------------------------------|--|--|--------------------------------------|--|--|--------|-----|--|--|
| 1 | Intend to non-a investor | to sell accredited as in State a-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| AL | | | | | | | | | | |
| AK | | | | | | | | | | |
| AZ | | | | | | | | | | |
| AR | | | | | | | | | | |
| CA | | × | Connor | ١ | 1000,000 | | | | | |
| СО | | | | | | | | | | |
| СТ | | | _ | | | · · · · · · · · · · · · · · · · · · · | | | | |
| DE | | | | | | | | | | |
| DC | | | | | | | | | | |
| FL | | | | | | | | | | |
| GA | | | | | | | | | | |
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| IN | | | | | | | _ | | | |
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| KY | | | | | | | | | | |
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